

Case Number:	CM15-0148097		
Date Assigned:	08/11/2015	Date of Injury:	05/12/2010
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old male, who sustained an industrial injury on May 12, 2010. The injured worker reported that he was carrying a 70-pound boiler down stairs with the use of a dolly when he noted pain to the neck, back, and the right knee. The injured worker was diagnosed as having cervical spine sprain and strain with radicular symptoms, lumbar spine sprain and strain with radicular symptoms, bilateral knee strain and contusion, and status post right knee arthroscopy. Treatment and diagnostic studies to date has included acupuncture, above noted procedure, outpatient psychiatric therapy, magnetic resonance arthrogram four the right knee, and medication regimen. In a progress note dated June 04, 2015 the treating physician reports complaints of continued, intermittent, moderate bilateral knee pain with the right greater than the left. Examination reveals tenderness to the paracervical and trapezius muscles, muscle spasm to the cervical region, decreased range of motion to the cervical spine with pain, tenderness and increased tone to the lumbosacral spine, tenderness from the paralumbar muscles to the midline thoraco-lumbar junction, tenderness to the lumbar five to sacral one facets, tenderness to the right greater sciatic notch, muscle spasms to the lumbar spine, lateral subluxation to the right knee, crepitus to the patella, antalgic gait, decreased range of motion, and weakness to the quadricep muscles. The medical records provided did not contain any results of prior diagnostic studies. The treating physician requested magnetic resonance arthrogram of the right knee to evaluate the origin of the injured worker's complaints.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRA Study of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee section, under MRI.

Decision rationale: This claimant was injured in 2010. The diagnoses were cervical spine sprain and strain with radicular symptoms, lumbar spine sprain and strain with radicular symptoms, bilateral knee strain and contusion, and status post right knee arthroscopy. There was previous magnetic resonance arthrogram of the right knee, with unknown results. As of June 2015, there was continued knee pain, right more than left. There was reported lateral subluxation to the right knee, crepitus to the patella, antalgic gait, decreased range of motion, and weakness to the quadriceps muscles. An MR Arthrogram is an MRI of the knee, with the injection of contrast into the joint. The MTUS does not address repeat advanced imaging for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. The medical records provided did not contain any results of prior diagnostic studies yet this was a request for a repeat of the study. In this context, it is not clinically clear what would be gained with another knee MRI. The request was appropriately not medically necessary under evidence-based criteria.